

CDI Operating Application

**CDBG
APPLICATIONS ARE DUE:**

Tuesday, December 9, 2003

by

5:00 PM Sharp!

**4 NORTH SECOND STREET Suite #600
SAN JOSE, CA 95113**

**NO LATE, E-MAILED, POSTMARKED,
FAXED OR INCOMPLETE
APPLICATIONS WILL BE ACCEPTED**

NOTE:

**You will need the
GENERAL INFORMATION &
INSTRUCTIONS PACKET
to complete your application.**

CDI Operating Application Preparation Directions:

- Do not exceed the number of pages allocated to each section.
- Use Times New Roman 12 pt. font, single-spaced with 1 inch margins on all sides.
- Type pages single-sided only.
- Label each page with a header in the upper right hand corner (the header should include the organization name on the top line and title of the project on the 2nd line).
- Label all pages with a header on the upper left hand corner as indicated in the instructions.
- Include page numbers on all pages within the narrative response section of the application.
- Attendance at an application workshop is strongly recommended.

**SUBMIT ONE ORIGINAL AND FOUR COPIES OF THE APPLICATION
AND ATTACHMENTS****Application Components Assembly Order:**

CDBG Applicant Information Form See instructions, p. 24

CDBG Project Eligibility Narrative (1 Page) See instructions, p. 25

CDBG Project Information Form (1 Page) See instructions, p. 26

Narrative Responses:

- Operating Project Narrative (1 Page for Operating) See instructions, p. 27
- Smaller Project Narrative (**Optional**) (1 Pages) See instructions, p. 28
- Needs – Narrative (1 Page) See instructions, p. 29
- Outcomes - Narrative (2 Pages) See instructions, p. 30
- Leverage – Narrative (1 Page) See instructions, p. 32
- Capacity to Achieve Results – Narrative (2 Pages) See instructions, p. 33
- Operational Performance – Narrative (1 Page) See instructions, p. 37

Attachments and Forms

Attachment A: Scope of Services-Operating CDI Project

Attachment AA: Smaller Project Scope of Services (Optional)

Attachment B: Budget Worksheets- Operating Project

Attachment BB: Smaller Project Budget Worksheets- (Optional)

Attachment F: Resource Table

Attachment G: Signed Certificate and Assurances

Attachment H: Signed Statement of Fiscal Agent (**if applicable**)

Participant enrollment sheet or census tract information

Attach outcome measurement instrument.

SUBMIT ONE SET OF ENTRY CRITERIA DOCUMENTS

501 (c)(3) documentation (**if applicable**)

Authorization to sign

Clientele sheet

Most recent agency audit and management letter

Explanation of Reportable Conditions in Audit (**if applicable**).

I. CDBG APPLICANT INFORMATION FORM

Type of Project: ☒ CDI Operating

Project Title _____

Organization Name _____

Type of Organization

<input type="checkbox"/> Private Non-Profit with 501 (c)(3) status	<input type="checkbox"/> City of San Jose
<input type="checkbox"/> Governmental Jurisdiction	<input type="checkbox"/> Other Specify _____

Project Contact Person _____

Project E-mail Address for Contact Person _____

Mailing Address _____

Telephone No. _____ Fax No. _____

Address/Location of Services _____

Name/Title of Individual Authorized to Enter into Agreement:

Fiscal Agent (if applicable) _____

If completing this line, attach Statement of Fiscal Agent Responsibilities Form.

Project Category _____

CDBG Project Categories are listed on the General Information and Instructions Packet.

CDBG PROJECT FUNDING REQUEST INFORMATION

	2004-2005	2005-2006	2006-2007
Project Request			
Smaller Project Request			

**Please provide a five-line summary of your proposed project in the box below.
Describe the physical project and the services to be provided upon completion of the project. Use Times New Roman 12 pt. font.**

III. CDBG PROJECT INFORMATION FORM

Please provide information based on one year of services.

1. Do you currently provide this proposed service? Yes _____ No _____
If yes, how many unduplicated participants do you currently serve? _____
2. How many additional unduplicated participants will you serve with this funding? _____

3. Who are your participants/What is your target population? _____

4. How are your participants selected or recruited? _____

5. Describe the services and activities that would be funded by this proposal? _____

6. When are the services/activities provided? _____

7. Where are the service/activities provided? _____

8. How often are the services/activities provided? _____

9. How long is each session? _____

10. How many sessions are offered? _____

11. Define your unit of service. _____

12. How many units of service will you provide? _____
What is your cost per unit of service? _____
Show the formula you used. _____

Provide any additional information about your project that you think is important to making a funding decision. **Do not exceed one additional page.**

ATTACHMENT A

(Scope of Service - Operating Project)

PROJECT TITLE _____

ORGANIZATION NAME _____

List (A) the number of unduplicated participants to be served per quarter in 2004-05 and totals in 2005-05 and 2006-07 (if services are provided directly to individuals), (B) one or two intermediate outcome measure(s), (C) the outcome measurement method and (D) 1 - 4 activities/outputs and units of service to be provided per quarter in 2004-05.

Activities	Units of Service per Quarter
------------	------------------------------

A.

	2004 - 05						
Unduplicated Participants	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	Total 2004-05	Total 2006-06	Total 2006-07
Total Program							
This Grant							

B. Outcome Measure(s)

1.

2.

C. Outcome Measurement Method(s)

1.

2.

D. OUTPUT GOALS: List 1-4 Activities and Units of Service for Each Quarter

Activities/Outputs	1 st	2004-05		3 rd	4 th	Total
		2 nd				
Example: # of workshop sessions	6	2		6	8	22

ATTACHMENT AA (Optional) Smaller Project

(Scope of Service - Operating Project)

PROJECT TITLE _____

ORGANIZATION NAME _____

List (A) the number of unduplicated participants to be served per quarter in 2004-05 and totals in 2005-06 and 2006-07 (if services are provided directly to individuals), (B) one or two intermediate outcome measure(s), (C) the outcome measurement method and (D) 1 - 4 activities/outputs and units of service to be provided per quarter in 2004-05.

Activities	Units of Service per Quarter
------------	------------------------------

A.

	2004 - 05						
Unduplicated Participants	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	Total 2004-05	Total 2005-06	Total 2006-07
Total Program							
This Grant							

B. Outcome Measure(s)

1.

2.

C. Outcome Measurement Method(s)

1.

2.

D. OUTPUT GOALS: List 1-4 Activities and Units of Service for Each Quarter

Activities/Outputs	2004-05				Total
	1 st	2 nd	3 rd	4 th	
Example: # of workshop sessions	6	2	6	8	22

ATTACHMENT B
BUDGET WORKSHEET OPERATING PROJECT

PROJECT TITLE _____
 ORGANIZATION NAME _____

	2004-2005			2005-06	2006-07
PROPOSED OPERATING EXPENSES	CDBG Request 2004-05	Other Funds 2004-05	Total Project Cost 2004-05	CDBG Request 2005-06	CDBG Request 2006-07
Personnel Services					
Fringe Benefits					
Supplies					
Communication					
Printing					
Utilities					
Occupancy					
Travel					
Insurance					
Equipment Rental					
Equipment Purchase					
Contract Services					
Audit					
Other (Specify)					
Other (Specify)					
Overhead					
Total Operating Expenses					

PROPOSED OPERATING REVENUES	2004-05 CDBG Request	2004-05 Other Funds	Total Project Cost 2004-05	2005-06	2006-07
Other Funds					
CDBG Request					
Total Operating Revenue					

ATTACHMENT BB (Optional)

BUDGET WORKSHEET OPERATING PROJECT (Smaller Project)

PROJECT TITLE _____
 ORGANIZATION NAME _____

	2004-2005			2005-06	2006-07
PROPOSED OPERATING EXPENSES	CDBG Request 2004-05	Other Funds 2004-05	Total Project Cost 2004-05	CDBG Request 2005-06	CDBG Request 2006-07
Personnel Services					
Fringe Benefits					
Supplies					
Communication					
Printing					
Utilities					
Occupancy					
Travel					
Insurance					
Equipment Rental					
Equipment Purchase					
Contract Services					
Audit					
Other (Specify)					
Other (Specify)					
OVERhead					
Total Operating Expenses					

PROPOSED OPERATING REVENUES	2004-05 CDBG	2004-05 Other Funds	Total Project Cost 2004-05	2005-06	2006-07
Other Funds					
CDBG Request					
Total Operating Revenue					

ATTACHMENT F

RESOURCE TABLE

PROJECT TITLE _____
ORGANIZATION NAME _____
GRANT PROGRAM _____

Complete the following table. List your monetary resources for **this project** and then list other resources that will be used to support **the project**. In the last column on the right, provide the level of commitment for all resources, using one the following terms: received, pending (i.e., applied) and projected.

SOURCE OF FUNDS	USE	2004-05 DOLLAR AMOUNT OR OTHER VALUE*	2004-05 LEVEL OF COMMITMENT	2005-06 DOLLAR AMOUNT OR OTHER VALUE*	2006-2007 DOLLAR AMOUNT OR OTHER VALUE*

*** Do not assign a dollar value to in-kind or other non-monetary resources. Instead, quantify or give a brief description. (e.g. 20 volunteer hours per week)**

ATTACHMENT G

CERTIFICATION AND ASSURANCES

THE APPLICANT SHALL PROVIDE THE SERVICES/FACILITIES PROPOSED IN ACCORDANCE WITH THE CITY'S 2004-2005, 2005-06 AND 2006-07 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM. THE APPLICANT MAKES THE FOLLOWING ASSURANCES. THE PROJECT SHALL:

1. BE IN COMPLIANCE WITH ALL LOCAL LAWS, ORDINANCES, CODES, REGULATIONS AND DECREES;
2. PRACTICE NON-DISCRIMINATION IN PROVIDING SERVICES, HIRING PERSONNEL, AND RECRUITING VOLUNTEERS, AND SHALL PROVIDE A PERSONNEL PRACTICES PLAN IF FUNDED;
3. MAINTAIN ADEQUATE CLIENT RECORDS OF INDIVIDUALS BEING SERVED BY THE PROJECT TO DOCUMENT CLIENT NAME, ADDRESS, AGE, INCOME ELIGIBILITY, ETHNICITY, FEMALE HEAD OF HOUSEHOLD, OR ANY OTHER STATISTICAL DATA REQUIRED BY CITY UNLESS SPECIFICALLY EXEMPTED FROM KEEPING SUCH DATA. EXEMPTIONS FROM CITY MUST BE IN WRITING. THE CITY SHALL HAVE FULL AND COMPLETE ACCESS TO SUCH CLIENT RECORDS;
4. SUBMIT IN A TIMELY MANNER SUCH PROGRAM AND FINANCIAL REPORTS AS ARE REQUIRED BY THE CITY TO MONITOR PERFORMANCE OF THE PROJECT;
5. APPOINT ONE DIRECTOR OF THE PROJECT WHO WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROJECT;
6. APPOINT A FISCAL AGENT WHO SHALL BE RESPONSIBLE FOR ALL FINANCIAL AND ACCOUNTING ACTIVITIES OF THE PROJECT;
7. PREPARE AND SUBMIT FOR CITY APPROVAL A COST ALLOCATION PLAN WHICH EQUITABLY APPORTIONS INDIRECT COSTS OVER ALL FUNDING SOURCES SUPPORTING THE PROJECT; AND
8. OBTAIN INSURANCE AS DESCRIBED IN INSURANCE REQUIREMENTS IN THE GENERAL INFORMATION PACKET. APPLICANT UNDERSTANDS THAT THE PROJECT WILL NOT BEGIN, NOR CAN COSTS BE INCURRED, UNTIL PROOF OF ADEQUATE INSURANCE IS APPROVED BY CITY.
9. COMPLY WITH CHURCH/STATE RESTRICTION AS OUTLINED BELOW. CONTRACTOR AGREES THAT FUNDS RECEIVED FROM THE CITY FOR PUBLIC SERVICES SHALL BE USED IN ACCORDANCE WITH THE FOLLOWING CONDITIONS:
 - (A) CONTRACTOR SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT ON THE BASIS OF RELIGION AND

SHALL NOT LIMIT EMPLOYMENT OR GIVE PREFERENCE IN
EMPLOYMENT TO PERSONS ON THE BASIS OF RELIGION;

- (B) CONTRACTOR SHALL NOT DISCRIMINATE AGAINST ANY PERSON
APPLYING FOR PUBLIC SERVICES ON THE BASIS OF RELIGION AND
SHALL NOT LIMIT SUCH SERVICES OR GIVE PREFERENCE TO PERSONS
ON THE BASIS OF RELIGION;
- (C) CONTRACTOR SHALL PROVIDE NO RELIGIOUS INSTRUCTION OR
COUNSELING, CONDUCT NO RELIGIOUS WORSHIP OR SERVICES,
ENGAGE IN NO RELIGIOUS PROSELYTIZING, AND EXERT NO OTHER
RELIGIOUS INFLUENCE IN THE PROVISION OF PUBLIC SERVICES;
- (D) THE PORTION OF A FACILITY USED TO PROVIDE PUBLIC SERVICES
SHALL CONTAIN NO SECTARIAN OR RELIGIOUS SYMBOLS OR
DECORATIONS; AND
- (E) THE FUNDS SHALL NOT BE USED TO CONSTRUCT, REHABILITATE OR
RESTORE ANY FACILITY, WHICH IS OWNED BY CONTRACTOR AND IN
WHICH THE PUBLIC SERVICES ARE TO BE PROVIDED. MINOR REPAIRS
MAY BE MADE; HOWEVER, IF THOSE REPAIRS (1) ARE DIRECTLY
RELATED TO THE PUBLIC SERVICES, (2) ARE LOCATED IN A
STRUCTURE USED EXCLUSIVELY FOR NON-RELIGIOUS PURPOSES,
AND (3) CONSTITUTE IN DOLLAR TERMS ONLY A MINOR PORTION OF
THE EXPENDITURE FOR THE PUBLIC SERVICES.

THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN ARE TRUE AND
CORRECT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

DATE: _____

Organization Name (TYPE)

BY:

Authorized Representative
(Signature, Title)

Print Name of Authorized
Representative Here

Address of Representative

Telephone Number of Representative

ATTACHMENT H

STATEMENT OF FISCAL AGENT RESPONSIBILITIES

_____ shall act as a fiscal agent for
(Agency)
_____ for its
(Applicant)
_____. The applicant has or will submit
(Applicant's Project)

a grant application for the City of San Jose's Community Development Block Grant.

If the project is awarded funds, the fiscal agent shall accept the following responsibilities:

- Enter into an agreement with the City of San Jose to provide specified services or engage in certain construction-related activities for the project in accordance with any funding condition(s).
- Submit requests for reimbursement of project expenses to the City of San Jose on behalf of the applicant.
- Receive payments from the City of San Jose for project expenses and disburse funds to the applicant upon proper documentation.
- Maintain adequate accounting records.
- Submit project reports to the City Of San Jose as required.

DATE: _____
Fiscal Agent (Organization Name)
PLEASE TYPE

BY: _____
Fiscal Agent (Authorized Representative) Fiscal Agent (Authorized Representative)
SIGNATURE and TITLE PRINT NAME

Address of Fiscal Agent's Authorized Representative

Phone Number Fax Number

E-mail